



SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Allegheny Valley Joint Sewage Authority</u>							
Address: <u>2400 Freeport Road P. O. Box 158</u>							
<u>Cheswick, PA 15024-0158</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0026255						TO	
PARAMETER	ANALYSIS METHOD	LAB NAME		LAB ID NUMBER²			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: _____

**Signature of Principal Executive Officer or
Authorized Agent**

Date: _____

¹ Submit this form with the first Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab or method of analysis.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.